



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 1809

SERIAL NUMBER 09/696,872	FILING DATE 10/26/2000 RULE	CLASS 530	GROUP ART UNIT 1652	ATTORNEY DOCKET NO. 11746/46603
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APPLICANTS

James E. Rothman, New York, NY;

**** CONTINUING DATA *******

THIS APPLICATION IS A DIV OF 09/124,671 07/29/1998 PAT 6,160,088

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 12/20/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	60	43	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

DEBORAH A. SOMERVILLE
KENYON AND KENYON
ONE BROADWAY
NEW YORK ,NY 10004

TITLE

Kedel receptor inhibitors

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

SERIAL NUMBER 09/696,872	FILING DATE 10/26/2000 RULE	CLASS 530	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. A31488-II 0653360.0142
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APPLICANTS

James E. Rothman, New York, NY ;

**** CONTINUING DATA *******

THIS APPLICATION IS A DIV OF 09/124,671 07/29/1998 PAT 6,160,088

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 12/20/2000****** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 60	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Baker Botts LLP
30 Rockefeller Plaza
44th Floor
New York ,NY 10112-4498

TITLE

Kedel receptor inhibitors

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit